Charter Township of Pennfield 20260 Capital Ave. N.E. Battle Creek, MI 49017 Phone: 616-968-8549 Fax: 616-968-2021	Area Metropolitan Services Agency  Please make your check payable to and send it to, the appropriate jurisdiction noted.  Please mark box for appropriate jurisdiction.			
Charter Township of Bedford  115 S. Uldriks Drive Battle Creek, MI 49017 Phone: 616-965-9096 Fax: 616-965-9096	Leroy Township 8156 Four Mile Rd. East Leroy, MI 49051 Phone: 616-979-9421 Fax: 616-979-9421	☐ City of Battle Creek  77 E. Michigan Ave., Suite 120  Battle Creek, MI 49014  Phone: 269-966-3382  Fax: 269-966-3654	Charter Township of Emmett 620 Cliff Street Battle Creek, MI 49017 Phone: 616-968-0335 Fax: 616-968-0335	Newton Township 7988 G Drive South Ceresco, MI 49033 Phone: 616-979-3212 Fax: 616-

## AFFIDAVIT OF GAS PIPING TEST

This form must be complete inspection will be issued.	d in its entirety and returned to the inspection department before a certificate of final
Job address:	Permit number:
Job name:	
Date of test:	<del></del>
When installing new piping	please list the section of piping being tested.
Service to appliance	ees, list appliances:
	ppliances, list appliances:
Pressure test start time:	Pressure in inches of water column
Pressure test stop time:	Pressure in inches of water column
	ping please list the section of piping being tested:
	ing, report the type of leakage test being performed.
Leak detector	Soapy bubbles Other
Notice: If code violations are within seven days, the gas so	e found at the time of inspection and order to repair will be issued. If repairs are not made ervice will be terminated.
By signing this form I	certify that the information on this form is complete and
accurate.	(print name)
•	Date
P.\Dent Forms\Gas pressure test aff	rdavit Web 2003